

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002995

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 2

AMENDED

FILED JAN 12 1962

| | | | | | | | |
|--|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>PERRY</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u> | | a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u> | | c. CITY OR TOWN <u>STE. GENEVIEVE</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL HOSP.</u> | | Length of stay in 1b <u>21 DAYS</u> | | d. STREET ADDRESS (If outside, give location) <u>21 TRIANGLE</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>ANN</u> Last <u>RUEBSAM</u> | | | | 4. DATE OF DEATH Month <u>JAN</u> Day <u>4</u> Year <u>1962</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>8/23/90</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (last birthday) <u>71</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u> | | | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>JOHN MADDEN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE ENSHAUSER</u> | | | 14. NAME OF HUSBAND OR WIFE <u>VAL RUEBSAM</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Monique Wilbur Ste. Genevieve Mo</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | | | | | <u>5 yrs.</u> | |
| DUE TO (b) <u>HYPERTENSIVE HEART DISEASE</u> | | | | | | <u>20 years.</u> | |
| DUE TO (c) <u>GENERALIZED ARTERIO SCLEROSIS</u> | | | | | | <u>10 yrs +</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Nephrosclerosis</u> | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>JULY 1960</u> to <u>Jan 4 1962</u> and last saw her alive on <u>Jan 4 1962</u> | | | | Death occurred at <u>6 50 AM</u> m of the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Joseph F. Lutz MD.</u> | | | | 22b. ADDRESS <u>Ste Genevieve Mo.</u> | | 22c. DATE SIGNED <u>Jan 5/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>1/6/62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u> | | 23d. LOCATION (City, town, or county) <u>STE. GENEVIEVE MO</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Sec. C. Barlow Ste. Genevieve Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>1-6-62</u> | | 26. REGISTRAR'S SIGNATURE <u>Joseph J. Zollner</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.